2010 ELECTION CYCLE

Delbert Hosemann SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS	ECELVED
2010 Judical Election	50000
Name of Candidate lem le	JAN 3 1 2011
Address 108 Tiger Drive M Hall 39/14	Secretary of State Capitol Office
Telephone (601) 847-(/78 Fax	IDANTE STANNE
Contact Name (Some) Email	
Office Sought Senate 35 Political Party Regulatice	n
Check here if above is different from previous report	
TYPE OF REPORT	
1 0040 (harried Mari 90 0040)	Mandatan
May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)	
June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)	
October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)	
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).	Runoff Candidates
January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)	All Candidates and Political Committees
Tamping tion Deport (Candidate will be langue accept contributions or make campaign Require	ed to terminate reporting
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Require obligation	ed to terminate reporting cions
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expenditures and has no outstanding campaign debt obligation) IMPORTANT (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In s shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures are mandatory, even if no contributions or expenditures have occurred. In s shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures are acceptable to the required reports by 5:00 p.m. on the reportal son a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son as weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son as weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son as weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the reportal son as well as the property of the required reports by 5:00 p.m. on the reportal son as well as the property of the required reports by 5:00 p.m. on the reportal son as the property of the required reports by 5:00 p.m. on the reportal son as the property of the required reports by 5:00 p.m. on the property of the required reports by 5	cuch case, the candidate itures during this period. cordance with Miss. Code rting day. If the deadline 10 p.m. on the first working
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SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Reporting period 1/10

_through _ /2 / /2

ITEMIZED DISBURSEMENTS

A. Fell name Republican Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address U Box 60 Jackson 3920	5 423110	\$ 265,00
City-State, Zip Code Oack Son MS		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 265,00
B. Fill rame Vunlee Casayon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Woodside Circle	3/11/10	\$ 50000
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Quill name A	Date (Mo., Day, Year)	Amount of each disbursement this period
P. O. Box 7	9120120	s 1589.00
Oity, State, Zip Code MS 39//4		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1589.00
Callula South	Date (Mo., Day, Year)	Amount of each disbursement this period
1896 Main Streat	116110	s 1500,55
City State, Zip Code MS 39/10	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 1500,55
Exertiname County Ros Carty	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Bio 35	9.07110	s 1,000,00
Menderhall NS 39114	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	1,000,00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S

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Name of Candidate or Committee

Reporting period ///

through 12/10
ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Filmamo	91 1570	\$ 5700.00
Halling Address Ho3 Ridge Circle		\$
City, State, Zip Gode) MS 39047		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9115110	\$ 4000
Mailing Address 175 E Copil-Rush	_'_'_	\$
Schon MS 3901		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 40000
C. Source: Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full hamma S F	9.15.10	\$ 250.00
asm Loument Dr ADB-3		\$
City, State, Zip Code TX 76131		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: Of Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Cheel-Into-Cash	12,10,10	\$ 50000
Hailing Address His Brava Corta		\$
Daudhin - 15 knd AL 36518		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500,00

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Name of Candidate or Committee Tem Loe	4	
Reporting period through through	TO	
ITEMIZED RECEIP	15	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Coneral Electric	12/10/10	\$ 50000
2731 tamun MKt. PL		\$
Sity, State, Zip Code	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Midwest Technical Institute	12/10/10	\$ 500.00
Mailing Address 4266 ISTN St. 106		\$
City State, Zip Code	'	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.80
C. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Fullhame	12 10 110	\$ 500.00
555 White Plany Rd		\$
awrach M 10591	_'_'_	\$
Name of Employer (Required)	_'_'_	\$
Оссирation (Required)	Aggregate year–to-date	\$ 500,00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
lame of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$